

SERIAL NUMBER <div style="text-align: center;">09/206,782</div>	FILING DATE <div style="text-align: center;">12/07/98</div>	CLASS <div style="text-align: center;">702</div>	GROUP ART UNIT <div style="text-align: center;">2764</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">32277.0100</div>										
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>MICHAEL R. PEEVEY, LA CANADA, CA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/068,213 12/19/97</p> <hr style="width: 10%; margin-left: 0;"/> <p>**371 (NAT'L STAGE) DATA***** VERIFIED</p> <hr style="width: 10%; margin-left: 0;"/> <p>**FOREIGN APPLICATIONS***** VERIFIED</p> <hr style="width: 10%; margin-left: 0;"/> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/07/99</p> </div> </div>														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY CA </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 4 </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 20 </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> Examiner's Initials Initials </div> </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3	Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> Examiner's Initials Initials </div>				
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>METHOD AND APPARATUS FOR METERING ELECTRICITY USAGE AND ELECTRONICALLY PROVIDING INFORMATION ASSOCIATED THEREWITH</p> </div> </div>														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border-right: 1px solid black; vertical-align: top;"> FILING FEE RECEIVED <div style="text-align: center;">\$825</div> </td> <td style="width:45%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:40%; vertical-align: top;"> <div style="border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div> </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$825</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="border-left: 1px solid black; padding-left: 10px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>							
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